

X-Ray Technician Bone Densitometry Permit Application**(Failure to use your full legal name may result in entrance into the examination being denied.)**

Last Name (Please Print)	First Name	Middle Name
Date of Birth	Social Security Number	Phone Number
Mailing Address		E-mail Address
City	State	Zip Code

Pursuant to the authority found in Section 114870 of the California Health and Safety Code and as required by Section 17520 of the California Family Code, providing the social security number is mandatory. The social security number will be used for purposes of identification. The information on this form may be provided to federal, state, or local agencies for law enforcement purposes. This information may also be provided to American Registry of Radiologic Technologists for examination purposes. For information or access to your records, contact the Certification Support Unit at the California Department of Public Health, Radiologic Health Branch (CDPH-RHB), MS 7610, P.O. Box 997414, Sacramento, CA 95899-7414, (916) 327-5106.

Return this application with:

- ☐ A copy of your bone densitometry school graduation diploma.
- ☐ The non-refundable application fee of \$75.00 in the form of a check or money order payable to **CDPH-RHB**, and
- ☐ The non-refundable examination fee of \$100.00 in the form of a cashier's check or money order payable to **ARRT**, if the application is postmarked prior to **January 1, 2008**. (Personal or business checks are not accepted). **After January 1, 2008, do not send the examination fee to CDPH-RHB. The \$100.00 examination fee will be paid directly to ARRT after you receive a notification letter from CDPH-RHB.**

I certify that the information provided with this application is true and correct. I understand that the California Department of Public Health may revoke permits that are procured by fraud, misrepresentation, or mistake, or for the nonpayment of fees. Further, I am aware that it is unlawful to use X-rays on human beings in this state unless I have been granted a permit pursuant to the Radiologic Technology Act, acting within the scope of that permit, and under the supervision of a licensee of the healing arts who is a certified supervisor or operator.

Signature	Date
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Mail application, supporting documents, and fee(s) to:

**Accounts Receivable and Cashiering Unit
California Department of Public Health
Radiologic Health Branch, MS 7610
P.O. Box 997414
Sacramento, CA 95899-7414**

CDPH-RHB Use Only	
Permit Number:	
Class Code:	
Date Issued:	
Issued by:	